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| PETITION FOR EXTENSION OF TIME UNDER 37 CFR 1.136(a); FY 2005 (Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4618).) | | Docket Number (Optional) 84517-US1 | |
| Application Number 10/673351-Cont. #6470 | | Filed September 30, 2003 | |
| For SEPARATION OF COLLOIDAL SUSPENSIONS USING LASER OPTICAL PRESSURE FLUIDIC DEVICES | | | |
| Art Unit 1723 | | Examiner J. W. Drodge | |
| This is a request under the provisions of 37 CFR 1.136(a) to extend the period for filing a reply in the above identified application. | | | |
| The requested extension and fee are as follows (check time period desired and enter the appropriate fee below): | | | |
| | Fee | Small Entity Fee | |
| <input checked="" type="checkbox"/> One month (37 CFR 1.17(a)(1)) | \$120 | \$60 | \$ 120.00 |
| <input type="checkbox"/> Two months (37 CFR 1.17(a)(2)) | \$450 | \$225 | \$ |
| <input type="checkbox"/> Three months (37 CFR 1.17(a)(3)) | \$1020 | \$510 | \$ |
| <input type="checkbox"/> Four months (37 CFR 1.17(a)(4)) | \$1590 | \$795 | \$ |
| <input type="checkbox"/> Five months (37 CFR 1.17(a)(5)) | \$2160 | \$1080 | \$ |
| <input type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27. | | | |
| <input type="checkbox"/> A check in the amount of the fee is enclosed. | | | |
| <input type="checkbox"/> Payment by credit card. Form PTO-2038 is attached. | | | |
| <input checked="" type="checkbox"/> The Director has already been authorized to charge fees in this application to a Deposit Account. | | | |
| <input checked="" type="checkbox"/> The Director is hereby authorized to charge any fees which may be required, or credit any overpayment, to Deposit Account Number <u>50-0261</u> . I have enclosed a duplicate copy of this sheet. | | | |
| I am the <input type="checkbox"/> applicant/inventor. | | | |
| <input type="checkbox"/> assignee of record of the entire interest. See 37 CFR 3.71. | | | |
| <input type="checkbox"/> Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96). | | | |
| <input type="checkbox"/> attorney or agent of record. Registration Number _____ | | | |
| <input checked="" type="checkbox"/> attorney or agent under 37 CFR 1.34. | | | |
| Registration number if acting under 37 CFR 1.34 | | <u>43,369</u> | |
|  Signature | | <u>July 6, 2006</u> Date | |
| <u>Thomas D. Robbins</u> Typed or printed name | | <u>(202) 404-1553</u> Telephone Number | |
| NOTE: Signatures of an inventor or assignee of record of the entire interest or their representatives, are required. Submit multiple forms if more than one signature is required, see below. | | | |
| <input type="checkbox"/> Total of _____ forms are submitted. | | | |